

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AS FILED		AS FILED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			101		1	151
52			102		152	
53			103		153	
54			104		154	
55			105		155	
56			106		156	
57			107		157	
58			108		158	
59			109		159	
60			110		160	
61			111		161	
62			112		162	
63			113		163	
64			114		164	
65			115		165	
66			116		166	
67			117		167	
68			118		168	
69			119		169	
70			120		170	
71			121		171	
72			122		172	
73			123		173	
74			124		174	
75			125		175	
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77			127		177	
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93			143			
94			144			
95			145			
96			146			
97			147			
98			148			
99			149			
100			150			
TOTAL IND.					12	
TOTAL DEP.					165	
TOTAL CLAIMS					177	